## **DECLARATION FOR** Attorney Docket No. 03-AG-327/GC **UTILITY OR DESIGN First Named Inventor** Claudio ADRAGNA **PATENT APPLICATION** COMPLETE IF KNOWN (37 CFR 1.63) **Application Number** 10/589,038 OR 🛛 Declaration Declaration Filing Date August 10, 2006 Submitted Submitted after Initial Filing--surcharge 37 CFR with Initial **Group Art Unit** Filing 1.16(e) required **Examiner Name**

As a below named Inventor, I hereby declare that:								
My residence, mailing address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
CIRCUIT FOR REDUCING THE VARIATIONS OF AUTO-SUPPLY VOLTAGE OF A CONTROL CIRCUIT OF A SWITCHING POWER SUPPLY								
the specification of which								
is attached hereto								
OR								
was filed on (MM/DD/YYYY)	08/10/2006	as U.S. Application PCT International		10/589,038				
and was amended on (MM/DD/YYYY)		(if applicable)						
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C § 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Appl. No.(s)		eign Filing Date Priority Not C MM/DD/YYYY) Claimed		Certified Copy Yes	/ Attached? No			
Mi2004A000383	IT	03/02/2004						
PCT/EP2005/0507	737 WIPO	02/21/2005						
Additional foreign application nos. are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								
I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.								
Application Number(s)	Filing Date (MM/DD/YYYY	<b>'</b> )						

**DECLARATION – Utility or Design Patent Application** I hereby claim the benefit under 35 U.S.C. 120 of any U.S. application(s) or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application U.S. Parent Application or PCT Parent No. Parent Filing Date Parent Patent No. (MM/DD/YY) (if applicable) Additional U.S. or PCT international application nos. listed on PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent Trademark Office connected therewith: Customer Number 25235 Registered practitioner(s) name/registration number listed below Registration Registration Name Number Name Number Additional registered practitioner(s) named on supplemental sheet PTO/SB/02C attached hereto. OR Correspondence 25235 Direct all correspondence to: 

Customer Number address below Name Address City State ZIP Country Telephone Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: A petition has been filed for this unsigned inventor. Given Name (first and middle [if any]) Family Name or Surname Claudio **ADRAGNA** Inventor's Date chanal D NO i Signature September 18, 2006 Residence City State MONZA (MI) IT Country IT Citizenship Italian Mailing Address Via Ardigò, 11 City MONZA (MI) State IT ZIP 20052 Country IT Additional inventors are named on ⊿supplemental additional inventor(s) sheet(s) PTO/SB/02A attached

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page1_ of _1									
Name of Additional J	oint Inventor, if any:	0 A p	A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any])		Family Name or Surname											
Mauro			FAGNANI										
Inventor's Signature	Mauro Fia	Date				ate		Septe	ember	18, 200			
Residence: City	NERVIANO (MI)	State	Э	ΙT	IT Country		ry	IT	Citize	enship	Italian		
Post Office Address	Via per Villanova, 5												
Post Office Address													
City	NERVIANO (MI)	Sta	ıte	ΙΤ	Z	ZIP 200			Country		ΙΤ		
Name of Additional Joint Inventor, if any:			0 A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any])			Family Name or Surname										
Inventor's Signature							Date						
Residence: City		St	tate Country						Citizenship				
Post Office Address													
Post Office Address													
City		s	state			ZIP		С			ıntry		
Name of Additional Jo	oint Inventor, if any:	0 4	0 A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any])			Family Name or Surname										
Inventor's Signature	Date												
Residence: City			Sta	ate	Country			С	Citizenship				
Post Office Address									···.•		-		
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City			State	)	Z	IP.				Coui	ntry		